



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Haley Wright

Email Address: hwright3@iuhealth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$351197000
Outpatient Patient Service Revenue	\$710981000
Total Gross Patient Service Revenue	\$1062178000

2. Deductions From Revenue

Contractual Allowance	\$635229000
Other Deductions	\$35588000
Total Deductions	\$670817000

3. Total Operating Revenue

Net Patient Service Revenue	\$391361000
Other Operating Revenue	\$6624000
Total Operating Revenue	\$397985000

4. Operating Expenses

Salaries and Wages	\$148576000	Employee Benefits	\$34166000
Depreciation and Amortization	\$14721000	Interest Expense	\$15990000
Bad Debt	\$28635000	Other Expenses	\$139011000
Total Operating Expenses	\$381099000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16886000	Total Assets	\$275174000
Net Non-operating Gains over Loss	\$32000	Total Liabilities	\$317827000
Total Net Gains	\$16918000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$487185000	\$380987000	\$106198000
Medicaid	\$83702000	\$75287000	\$8415000
Other Government	\$7511000	\$5678000	\$1833000
Other State	\$0	\$-16024000	\$16024000
Other Payers	\$483779000	\$224888000	\$258891000
Total	\$1062177000	\$670816000	\$391361000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$308000	\$-308000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$5000	\$945000	\$-940000

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	874
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$35588000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11381000	
HCI Payments	\$0		
Subtotal	\$0	\$11381000	\$-11381000
Medicaid Shortfalls	\$27016000	\$39042000	
Subtotal	\$27016000	\$50423000	\$-23407000
DSH Payments	\$0		
Subtotal	\$27016000	\$50423000	\$-23407000
Medicare Shortfalls	\$63210000	\$86040000	
Other Government Programs	\$0	\$0	
Total	\$90226000	\$136463000	\$-46237000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$122000	\$-122000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

